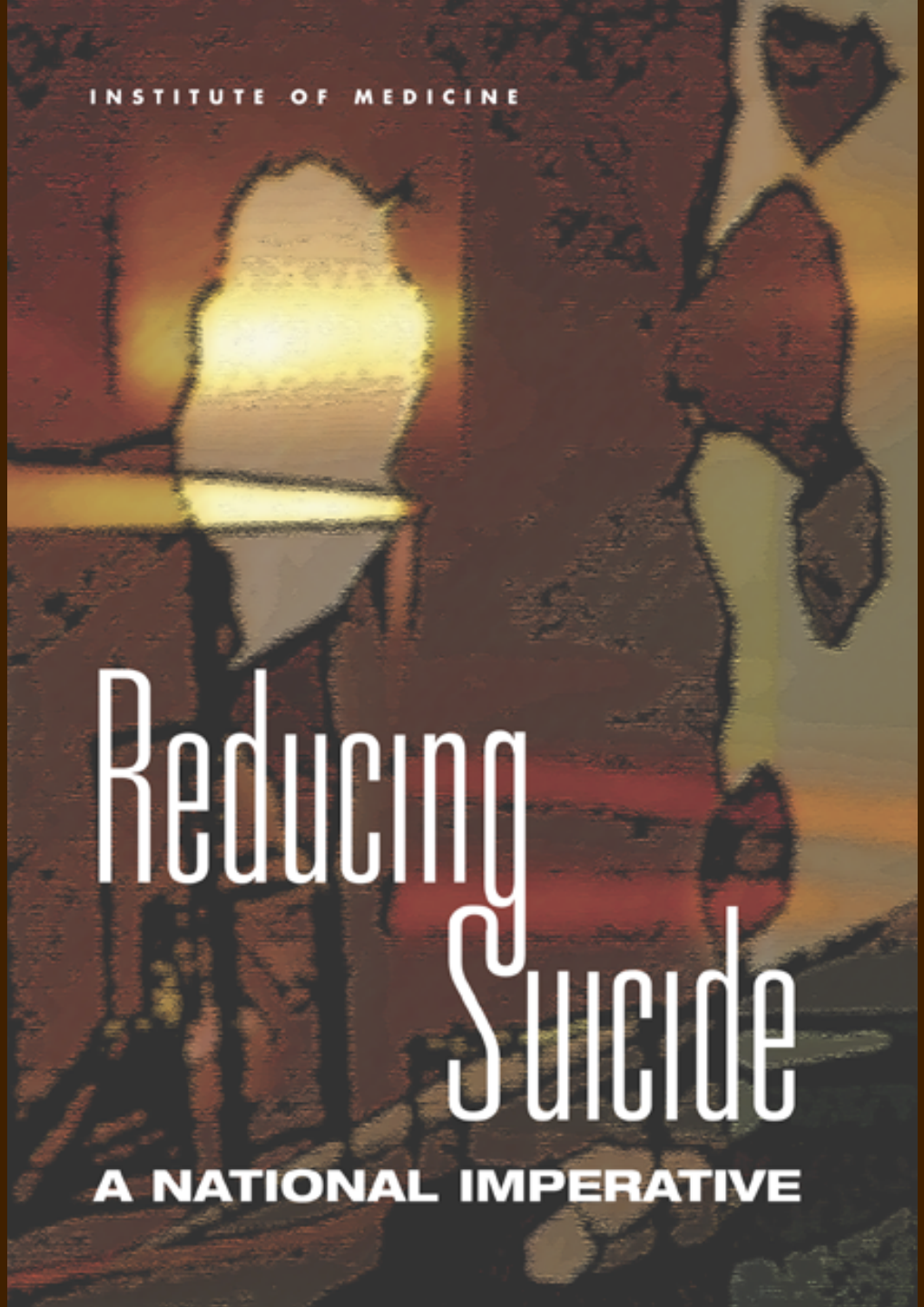
INSTITUTE OF MEDICINE
Reducing Suicide
A NATIONAL IMPERATIVE

June 11, 2002

Statement of Task

- Assess the science base
- Evaluate the status of prevention
- Consider strategies for studying suicide
- Provide recommendations regarding research opportunities and strategies for prevention of suicide

Individuals Contributing to the Report

- Committee - 13
- IOM Staff - 10
- Workshops participants - 16
- Background papers - 8
- Consultants - 14
- Reviewers - 16
- TOTAL 77

Magnitude of the Problem

- 30,000 deaths per year in the United States
- 1 million deaths per year worldwide
- During the period of the Vietnam war 4 times the number of Americans died by suicide than died by combat
- Estimated cost to the nation $12 billion/year

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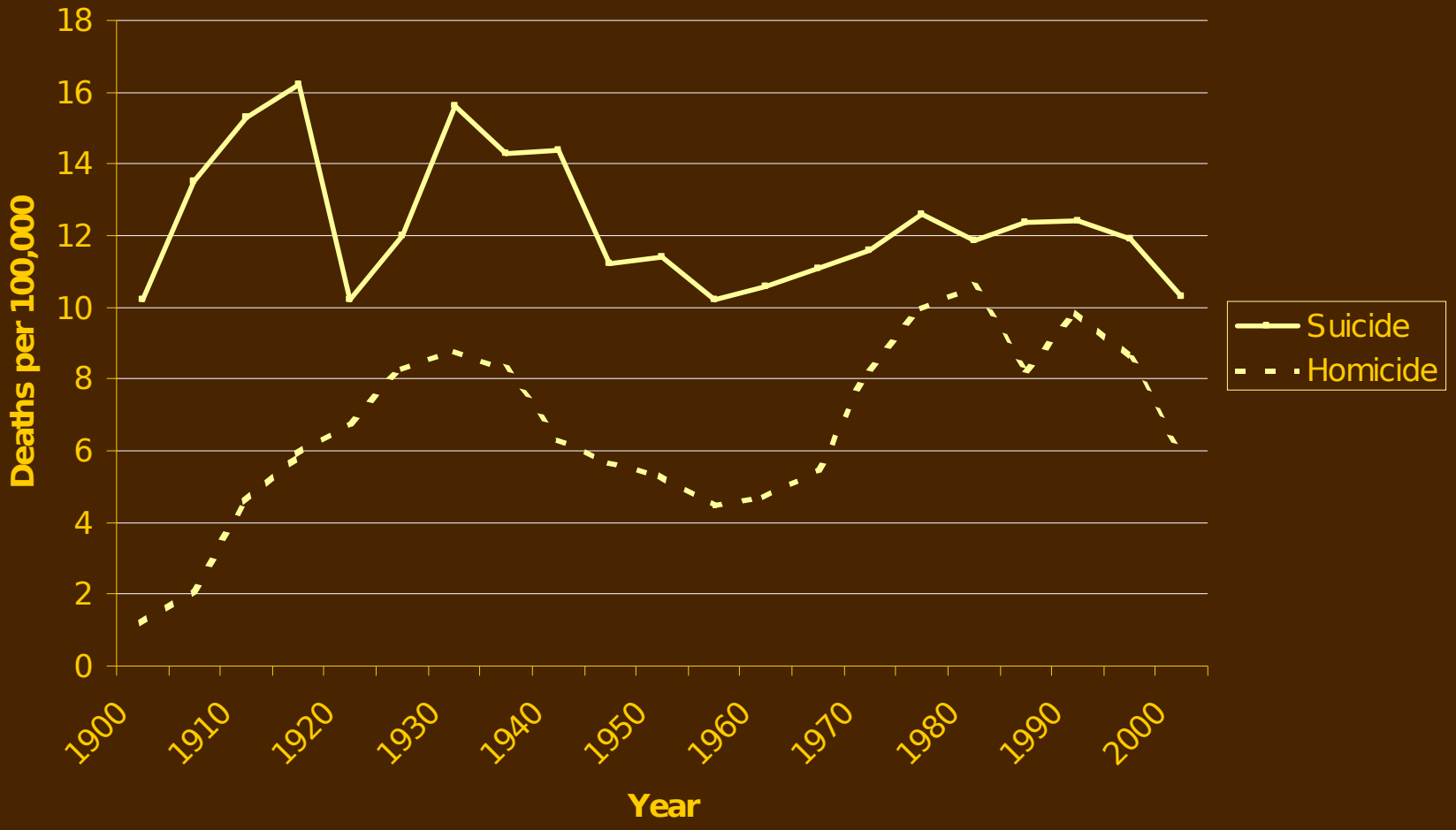
Suicide & Homicide Rates 1900-2000



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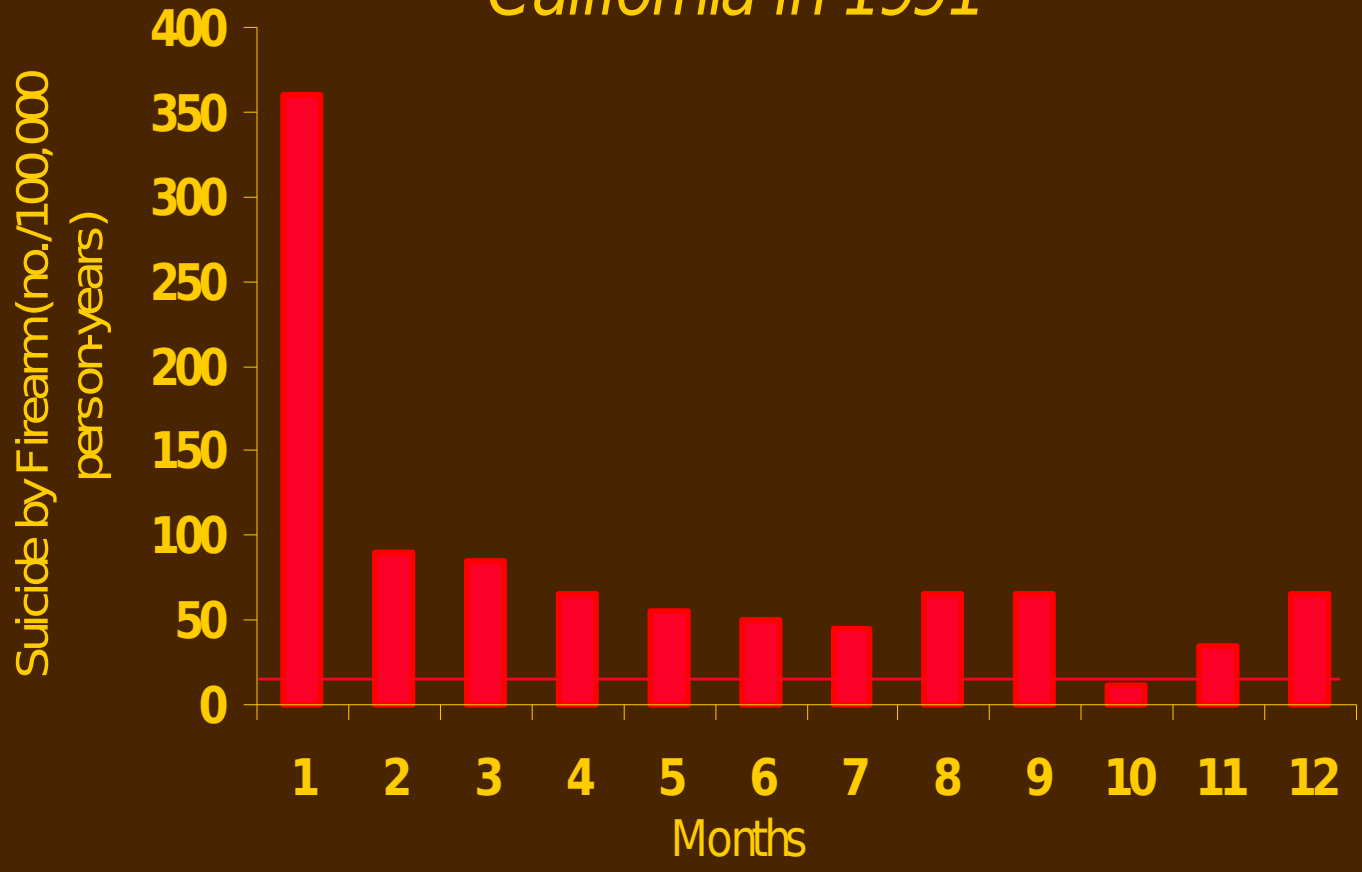
*Rates of Suicide by Firearm in the **First Year** After Purchase Among Persons Who Purchased Handguns in California in 1991*



The horizontal line indicates the age- and sex-adjusted average annual rate of suicide by firearm in California in 1991 and 1992 (11.3 per 100,000 persons per year).

Relationship of Guns in the Home and Method of Suicide

	Brent 1993	Kellerman 1992	Beautrais 1996
Use of gun if kept in home	87.8%	88%	33%
Use of gun if not kept in home	18.8%	6%	0.5%
Guns in home and firearms as method (Odds Ratio (OR))	31.1	69.5	107.9
Firearms and alcohol use (OR [95%CI])	7.3	?	?
Bought gun within two weeks of suicide	?	3%	?

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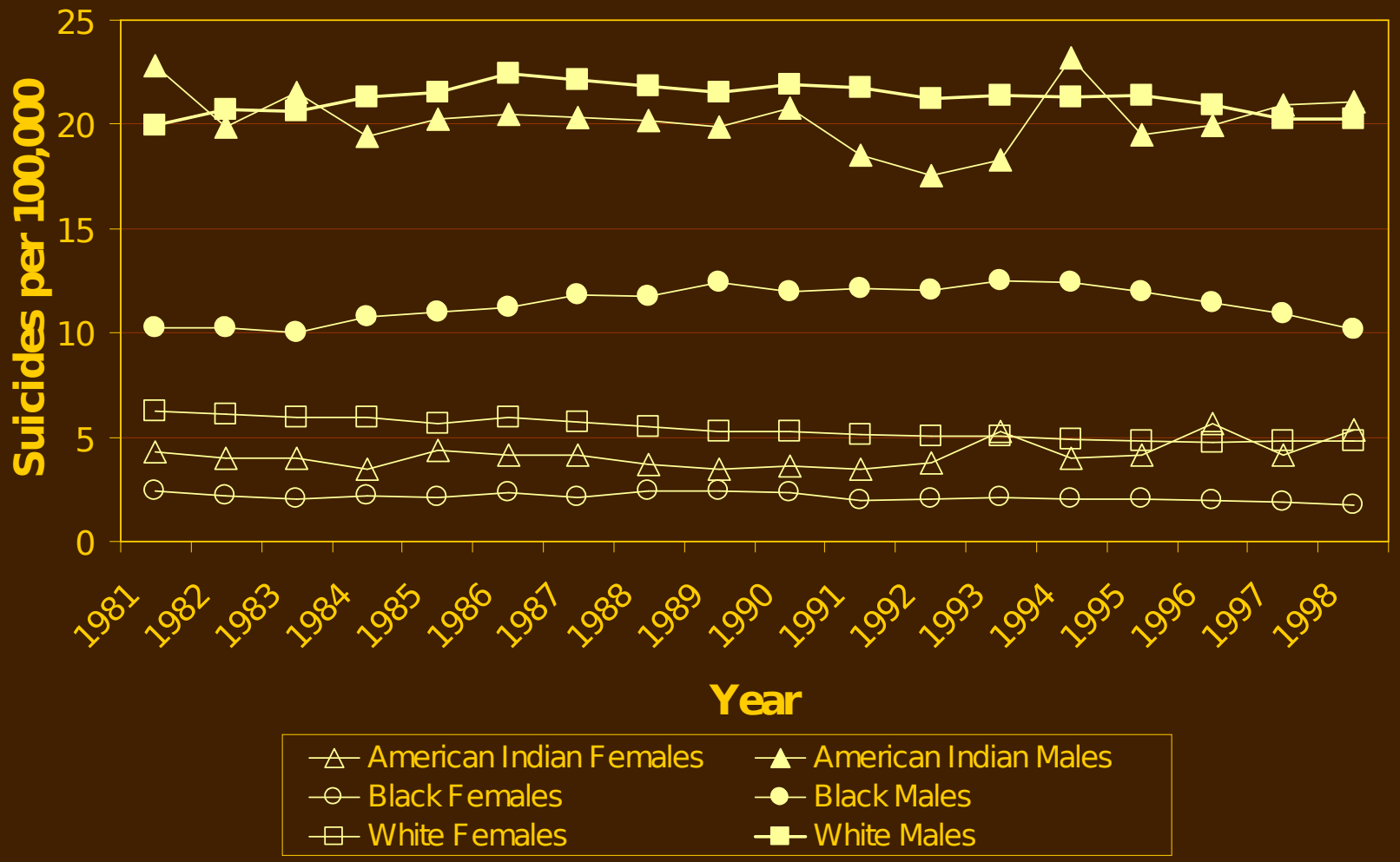

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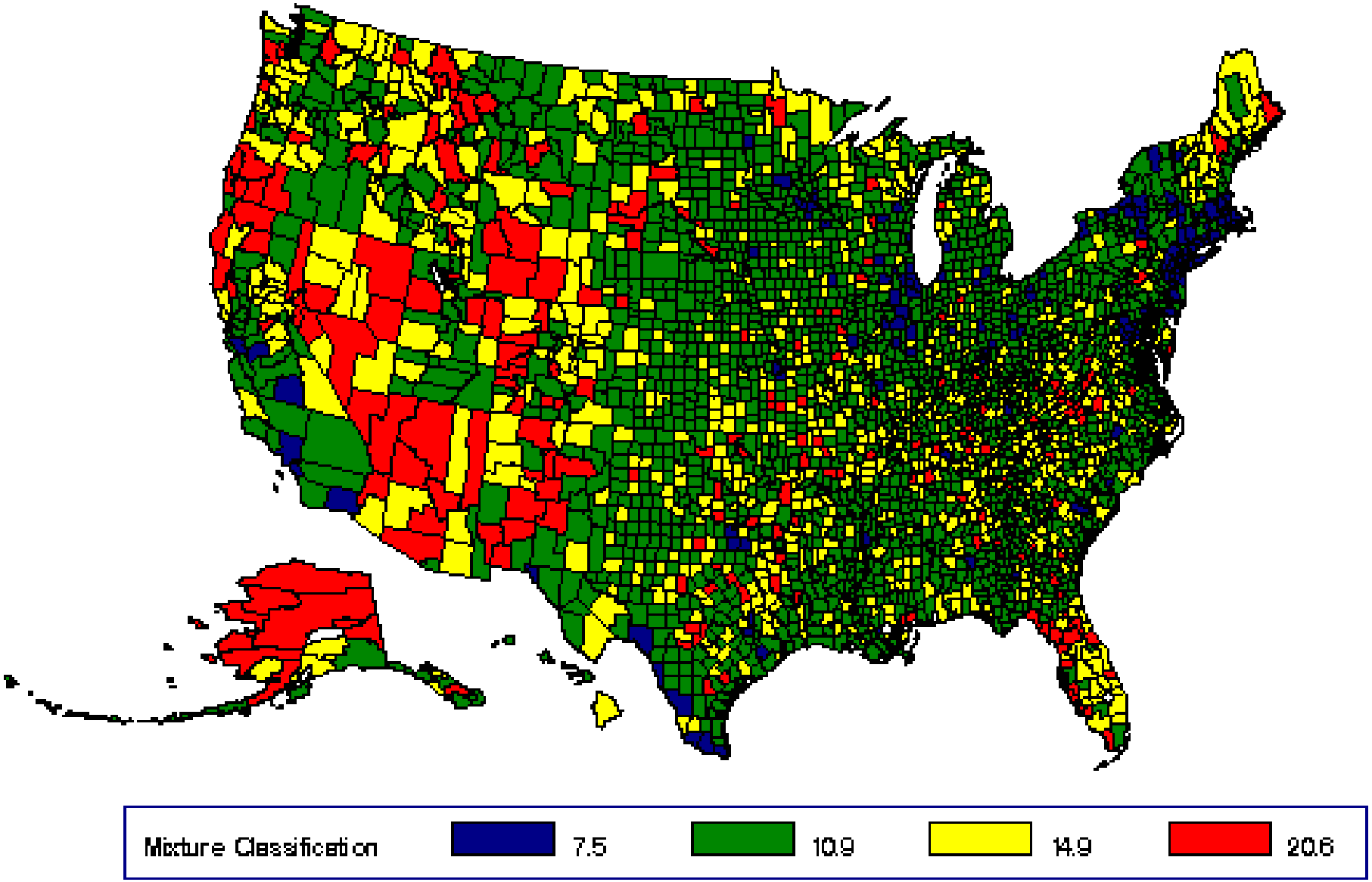
Mixture Classsification

Annual Suicide Rates per 100,000 (1996–1998)



An Integrated Understanding of Risk and Protective Factors Is Necessary

- Biological Factors
- Psychological Factors
- Substance Abuse and Mental Illness
- Child Abuse
- Social Factors
- Sociopolitical and Cultural Factors

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Relationship of Suicide and Mental Illness

- 90% of those who commit suicide have a diagnosed mental illness, most often major depressive disorder

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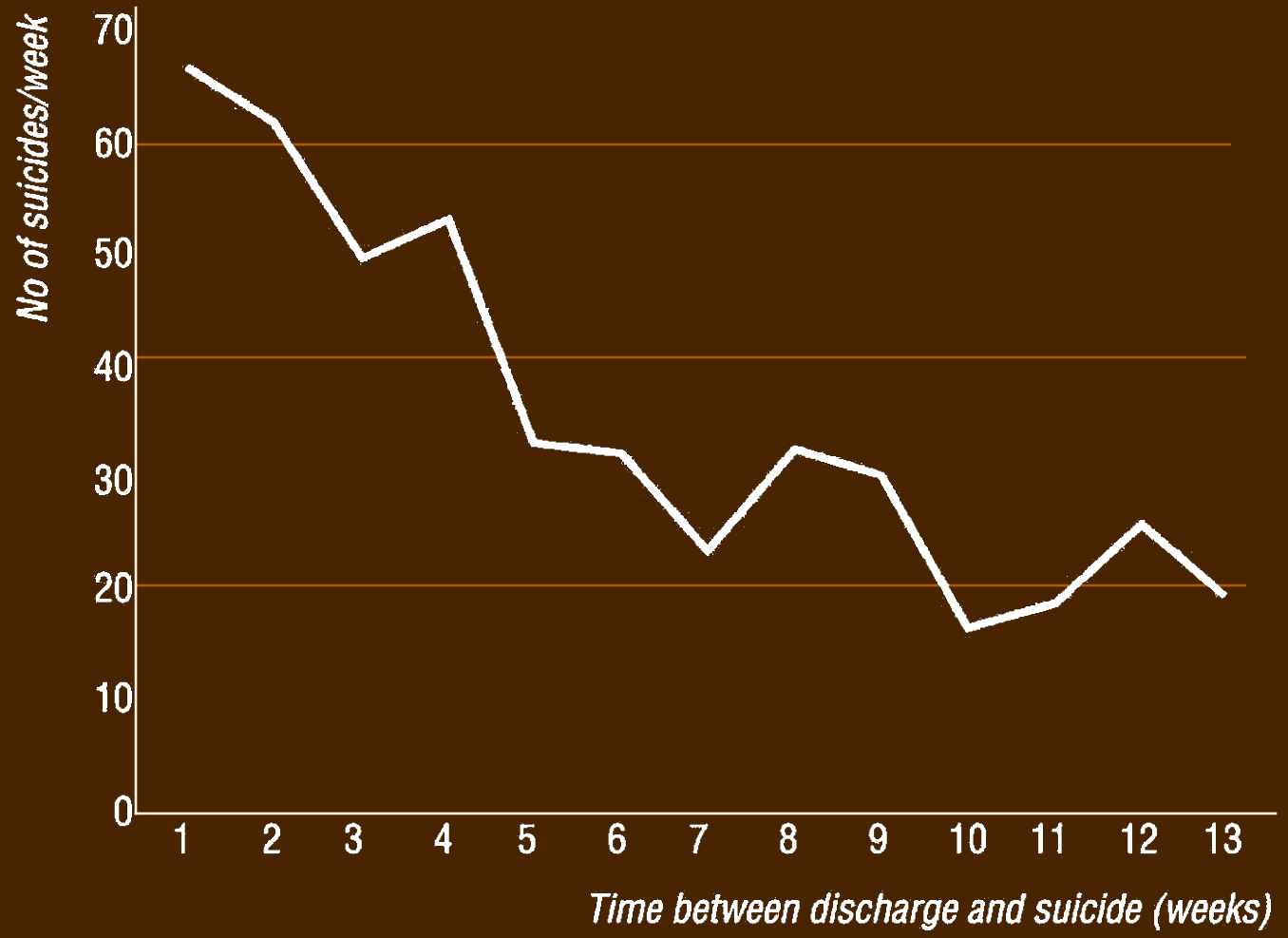
Number of suicides each week after discharge



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- *Suicidality can be treated*
  - pharmacotherapy and psychotherapy
- *Primary care is a critical setting for detection of risk factors*
  - depression and alcohol abuse
- *Several prevention programs show promise*
  - Multilevel programs e.g., Air Force
  - Limiting availability of means
  - Comprehensive school-based programs

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Challenges to Suicide Research

- Reporting Problems for Suicides and Suicide Attempts
- Exclusion from Clinical Trials
- Low Base Rate Requires Large Population for Study

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Enhancing the Infrastructure

- To make fundamental advances requires a different scientific approach that will integrate multiple levels of research, provide reliable national data on current rates of suicidal behavior and key risk and protective factors, and create the infrastructure for testing preventive interventions.

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Recommendation 1

Develop and support a national network of suicide research Population Laboratories devoted to interdisciplinary research on suicide and suicide prevention across the life cycle

- High quality, large sample, multi-site studies
- Funding for infrastructure
- Training programs

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Recommendation 2

National monitoring of suicide and suicidality should be improved. Steps should include:

- Encourage measures of suicidality in all large and/or long-term studies
- Include suicidal patients in clinical trials when appropriate safeguards are in place
- Develop national suicide attempt surveillance system
- Support a surveillance system such as the National Violent Death Reporting System that includes data on mortality from suicide

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Recommendation 3

Because primary care providers are often the first and only medial contact of suicidal patients, tools for recognition and screening of patients should be developed and disseminated

- Develop and evaluate screening tools
- Physicians should refer patients with multiple risk factors to consultation with mental health professional
- Provide training to health care providers
- Incorporate study of suicidal behavior in medical and nursing school curricula

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Recommendation 3

- Develop screening tools that assess risk factors for suicide including symptoms of depression and other mental illnesses, substance abuse, history of child abuse, personality traits such as impulsivity, bereavement, and other relationship stresses.

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Recommendation 4

Programs for suicide prevention should be developed, tested, expanded, and implemented

- Partnerships among federal, state, and local agencies
- Expand successful programs (e.g., the Air Force program)
- Pilot programs for coping and resiliency training for school aged children
- Restriction of access of common means
- Evaluate long-term public education campaigns and media training

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Future Dissemination

- We would greatly appreciate your input